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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/481,803 TRANSMITTAL Filing Date 08/31/1998 FORM First Named Inventor Tavkhelidze (to be used for all correspondence after initial filing) Group Art Unit 2834 Tamia Examiner Name Total Number of Pages in This Submission Attorney Docket Number **ENCLOSURES** (check all that apply) Fee Transmittel Form Assignment Papers (for an Application) After Allowance Communication to Group X Fee Attached Appeal Communication to Board Drawing(s) of Appeals and Interferences Amendment / Reply Licensing-related Papers Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) After Final Petition Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Extension of Time Request Other Enclosure(s) (please identify below): Terminal Disclaimer Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Avto Tavkhelidze 01/20/2002 CMGUYEN 00000147 09481803 -Individual name Signature Date 002 CERTIFICATE OF MAILING ET586795940US I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as flightly as mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 01/21/2002 Typed or printed name F1ye Signature Date 01/21/2002

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FEE TRANSMITTAL for FY 2002

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Ca	mplete if Known		
Application Number	09/481,803		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Filing Date	08/31/1998		
First Named Inventor	Tavkhelidze		
Examiner Name	Tamia	്റ	
Group Art Unit	2834	- G	200
Attorney Docket No.		المديدة المعددية	50

METHOD OF PAYMENT			FEE CALCULATION (continued)	
1. The Commissioner is hereby authorized to charge	3. ADD	TIONAL	FEEC CALCOLATION (continued).	Carrier.
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Deposit	Fee Fe		(\$) Fee Description	Fee Fald
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Charge Any Additional Fee Required	127 50	227 2		
Under 37 CFR 1.16 and 1.17			25 Surcharge - late provisional filing fee or cover sheet	
Applicant claims ameli entity status. See 37 CFR 1.27	139 130	139 13	Non-English specification	
2. Payment Enclosed:	147 2,520	147 2,5	20 For filing a request for ex parte reexamination	
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FEE CALCULATION	113 1,840	* 113 1,8	340" Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 110	215 55		
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Pee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920	217 460		
101 740 201 370 Utility filing fee	118 1,440	218 720	Extension for reply within fourth month	
106 330 206 165 Design filing fee	128 1,960	228 980	Extension for reply within fifth month	
107 510 207 255 Plant filling fee	119 320	219 160		
108 740 208 370 Reissue filing fee	120 .320	220 160	Filing a brief in support of an appeal	
114 160 214 80 Provisional filling fee	121 280	221 140	Request for oral hearing	
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2. EXTRA CLAIM FEES				
Fee from _		241 840	Petition to revive - unintentional	
Total Claims 55 409 1 3 x		242 640	Utility issue fee (or reissue)	
Claims 3 -7" = 0 x 42 = 0		243 230 244 310	Design issue fee	
Multiple Dependent		122 130	Plant issue fee	
Laws E. M.		123 50	Petitions to the Commissioner	
Large Entity Small Entity Fee Fee Fee Fee Fee Description		126 180	Processing fee under 37 CFR 1.17(q)	
Code (\$) Code (\$)			Submission of Information Disclosure Stmt	
103 18 203 9 Claims in excess of 20	301 40 5	581 40	Recording each patent assignment per property (times number of properties)	
102 84 202 42 Independent claims in excess of 3	146 740 2	246 370	Filing a submission after final rejection	
multiple dependent claim, if not paid	440 740 -		(31 CFR 9 1.129(8))	
over original patent	149 740 2	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179 740 2	279 370	Request for Continued Examination (RCE)	
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SUBTOTAL (2) (5) 117 Other fee (specify)			of a design application	
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Name (PrintiType)	Avto Tavkholidae Registration No.	Complete	if applicable)
Signature	Avto Tavkhelidze Registration No. (Altorney/Agent)	Talephone	503.621.3286
	WA DAINING I	Date	Jan 18 2002

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